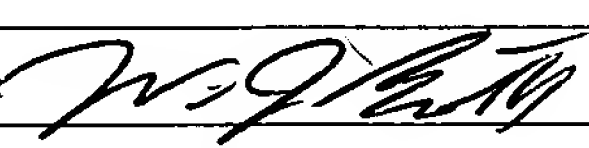
 TRANSMITTAL FORM	Application Number	09/637,821
	Filing Date	8/11/2000
	First Named Inventor	Keith O. Johnson
	Group Art Unit	2644
	Examiner Name	JUSTIN I MICHALSKI
Total Number of Pages in This Submission	Attorney Docket Number	MS1-0846US

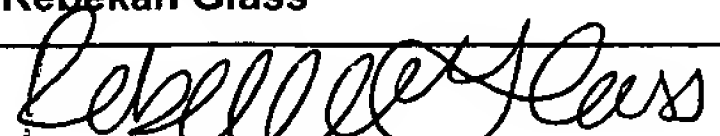
ENCLOSURES (check all that apply)

<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment / Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input checked="" type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Documents <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s)	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (<i>Appeal Notice, Brief, Reply Brief</i>) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (<i>please identify below</i>): Form PTO 1449; 2 Cited References, Return Postcard
Remarks		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

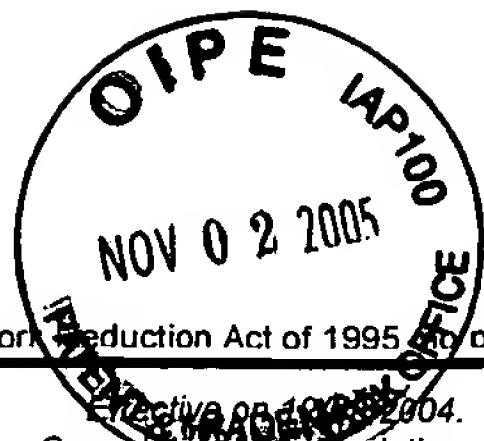
Firm or Individual Name	William J. Breen, III/Reg. No. 45313		
Signature			
Date	October 31, 2005		

CERTIFICATE OF TRANSMISSION/MAILING

I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.			
Typed or printed name	Rebekah Glass		
Signature		Date	10/31/05

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PTO/SB/17 (12-04)

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Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

FEE TRANSMITTAL

For FY 2005

☐ Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$) 180.00

Complete if Known

Application Number	09/637,821
Filing Date	8/11/2000
First Named Inventor	Keith O. Johnson
Examiner Name	JUSTIN I MICHALSKI
Art Unit	2644
Attorney Docket No.	MS1 0846US

METHOD OF PAYMENT (check all that apply)

☐ Check ☐ Credit Card ☐ Money Order ☐ None ☐ Other (please identify): _____

☒ Deposit Account Deposit Account Number: 12-0769 Deposit Account Name: Lee & Hayes, PLLC

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

☒ Charge fee(s) indicated below ☐ Charge fee(s) indicated below, except for the filing fee

☒ Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 ☒ Credit any overpayments

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FEE CALCULATION**1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

2. EXCESS CLAIM FEES

Fee Description	Fee (\$)	Small Entity Fee (\$)
Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent	50	25
Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent	200	100
Multiple dependent claims	360	180

Total Claims - 20 or HP = _____ x 50 = _____ **Fee Paid (\$)** _____

HP = highest number of total claims paid for, if greater than 20

Indep. Claims - 3 or HP = _____ x 200 = _____ **Fee Paid (\$)** _____

HP = highest number of independent claims paid for, if greater than 3

Multiple Dependent Claims **Fee (\$)** _____ **Fee Paid (\$)** _____

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets - 100 = _____ **Extra Sheets** / 50 = _____ **Number of each additional 50 or fraction thereof** (round up to a whole number) x _____ **Fee (\$)** _____ **Fee Paid (\$)** _____

4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

Other: Information Disclosure Statement

Fees Paid (\$)
180.00**SUBMITTED BY**

Signature		Registration No. 45313 (Attorney/Agent)	Telephone (509) 324-9256
Name (Print/Type)	William J. Breen, III	Date	10/31/05

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1 UNITED STATES PATENT AND TRADEMARK OFFICE

2 Serial No.09/637,821
3 Filing Date8/11/2000
4 Confirmation No.....7950
5 Inventorship.....Keith O. Johnson
6 Applicant Microsoft Corporation
Group Art Unit2644
Examiner JUSTIN I MICHALSKI
Attorney's Docket No. MS1-0846US
Title: Compensation System and Method for Sound Reproduction

7 **INFORMATION DISCLOSURE STATEMENT AND**
8 **CERTIFICATION UNDER 37 CFR 1.97(e)**

9 The citations listed, copies attached, may be material to the examination of
10 the subject application and are therefore submitted in compliance with the duty of
11 disclosure defined in 37 CFR §1.56. The Examiner is requested to make these
12 citations of official record in this application.

13 I hereby certify that to my knowledge, after reasonable inquiry, no item of
14 information contained in the accompanying PTO-1449 was cited in a
15 communication from a foreign patent office in a counterpart foreign application or
16 was known to any individual designated in §1.56 (c) more than 3 months prior to
17 the filing of this statement.

18 Respectfully Submitted,

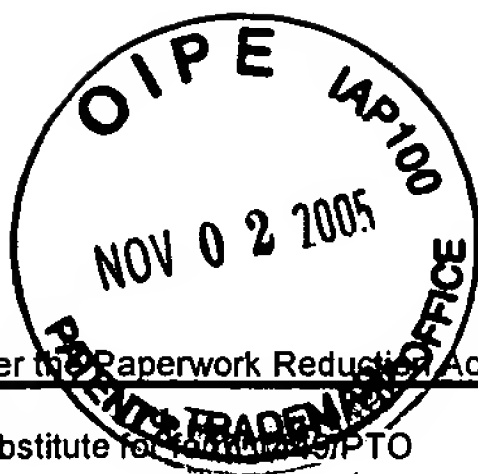
19
20 Date: 10/31/05

21 By: William J. Breen, III
22 Reg. No. 45313
23
24
25

11/03/2005 SFELEKE1 00000036 120769 09637821

01 FC:1806 180.00 DA

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Substitute for Form PTO

INFORMATION DISCLOSURE STATEMENT BY APPLICANT

(Use as many sheets as necessary)

Sheet

1

of

1

Complete if Known

Application Number	09/637,821
Filing Date	8/11/2000
First Named Inventor	Keith O. Johnson
Art Unit	2644
Examiner Name	JUSTIN I MICHALSKI
Attorney Docket Number	MS1 0846US

U. S. PATENT DOCUMENTS

Examiner Initials*	Cite No. ¹	Document Number	Publication Date MM-DD-YYYY	Name of Patentee or Applicant of Cited Document	Pages, Columns, Lines, Where Relevant Passages or Relevant Figures Appear
		Number-Kind Code ² (if known)			
		US- 20030132956	7/17/2003	Duncan, William L.;	
		US- 4,612,665	9/16/1986	Inami, et al.	
		US- 5,524,060	6/4/1996	Silfvast, et al.	
		US- 5305388	4/19/1994	Konno	
		US- 5438625	8/1/1995	Klippel	
		US- 5588065	12/24/1996	Tanaka et al.	
		US- 5694476	12/2/1997	Klippel	
		US- 5815580	9/29/1998	Craven et al.	
		US- 5815585	9/29/1998	Klippel et al.	
		US- 5953431	9/14/1999	Yashima et al.	
		US- 6,721,428	4/13/2004	Allred, et al.	
		US- 6252968	6/26/2001	Narasimhan et al.	
		US- 6317117	11/13/2001	Goff	
		US-			
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		US-			
		US-			
		US-			

FOREIGN PATENT DOCUMENTS

Examiner Initials*	Cite No. ¹	Foreign Patent Document	Publication Date MM-DD-YYYY	Name of Patentee or Applicant of Cited Document	Pages, Columns, Lines, Where Relevant Passages Or Relevant Figures Appear	T ⁶
		Country Code ³ -Number ⁴ -Kind Code ⁵ (if known)				
		EP0122663	10/24/1984	Freadman, Tommyca		
		GB2310104	8/13/1997	YANG YI FU (TW)		

Examiner
Signature

Date
Considered

*EXAMINER: Initial if reference considered, whether or not citation is in conformance with MPEP 609. Draw line through citation if not in conformance and not considered. Include copy of this form with next communication to applicant. ¹ Applicant's unique citation designation number (optional). ² See Kinds Codes of USPTO Patent Documents at www.uspto.gov or MPEP 901.04. ³ Enter Office that issued the document, by the two-letter code (WIPO Standard ST.3). ⁴ For Japanese patent documents, the indication of the year of the reign of the Emperor must precede the serial number of the patent document. ⁵ Kind of document by the appropriate symbols as indicated on the document under WIPO Standard ST.16 if possible. ⁶ Applicant is to place a check mark here if English language Translation is attached.

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